

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer

Mr. Leonard Russ

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		355025.32
(b) Cash on Hand at Beginning of Reporting Period.....	254829.44	
(c) Total Receipts (from Line 19)	47740.84	1010142.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	302570.28	1365167.65
7. Total Disbursements (from Line 31)	14955.00	1077552.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	287615.28	287615.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	2

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

42167.33

885683.54

(ii) Unitemized

573.51

42312.59

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

42740.84

927996.13

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

27500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

47740.84

955496.13

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

15973.12

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

36673.08

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

47740.84

1010142.33

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

47740.84

1010142.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	955.00	19515.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	955.00	19515.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	1021489.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	30548.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	30548.14
29. Other Disbursements	0.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14955.00	1077552.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14955.00	1077552.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47740.84	955496.13
34. Total Contribution Refunds (from Line 28(d))	0.00	30548.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47740.84	924947.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	955.00	19515.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	15973.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	955.00	3542.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott James Allen

Mailing Address 209 West Osborne Ave

City State Zip Code
Tampa FL 33603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Navigator

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2012

Transaction ID : C1876377

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Scott James Allen

Mailing Address 209 West Osborne Ave

City State Zip Code
Tampa FL 33603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Navigator

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2012

Transaction ID : C1889835

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

C. Michael Beal

Mailing Address 10 Glenwood Road

City State Zip Code
Whindham NH 03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : C1887889

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

216.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lyn C. Bentley

Mailing Address 2212 Hidden Valley Ln

City State Zip Code
 Silver Spring MD 20904-5240

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 Senior Director, Regulatory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : C1890730

Amount of Each Receipt this Period

60.00

* Payroll Deduction: \$20.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
 Westlake Village CA 91362-3402

FEC ID number of contributing federal political committee.

C

Name of Employer
 The Chase Group

Occupation
 Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 06 2012

Transaction ID : C1886965

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Susan Chase

Mailing Address 5374 Long Shadow Ct

City State Zip Code
 Westlake Village CA 91362-5223

FEC ID number of contributing federal political committee.

C

Name of Employer
 The Chase Group

Occupation
 Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 06 2012

Transaction ID : C1886966

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2560.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Chon

Mailing Address 41961 Black Mountain Trail

City State Zip Code
 Murrieta CA 92562

FEC ID number of contributing federal political committee.

C

Name of Employer

News Financial and Facility Insurance

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2012

Transaction ID : C1888236

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Tim Daniel

Mailing Address 910 Lia St

City State Zip Code
 Patterson LA 70392-4220

FEC ID number of contributing federal political committee.

C

Name of Employer

Patterson Healthcare Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 06 2012

Transaction ID : C1886967

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. RaeAnne Davis

Mailing Address 9801 La Duke Drive

City State Zip Code
 Kensington MD 20895

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Chief Strategic Officer & Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2012

Transaction ID : C1888165

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1437.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard A Dillon

Mailing Address 15703 NW Fair Acres Drive

City State Zip Code
Vancouver WA 98685

FEC ID number of contributing federal political committee.

C

Name of Employer

Avamere Health Services, Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 13 2012

Transaction ID : C1886963

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Christopher Donnellan

Mailing Address 2800 Marshall St

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee.

C

Name of Employer

AHCA

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 21 2012

Transaction ID : C1889813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joanne E Erickson

Mailing Address 911 S Randolph St

City State Zip Code
Arlington VA 22204-1564

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Editor in Chief, Provider Magazine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2012

Transaction ID : C1890732

Amount of Each Receipt this Period

115.19

* Payroll Deduction: \$38.47 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5365.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen Goldsmith

Mailing Address PO Box 875

City State Zip Code
 Cape Canaveral FL 32920

FEC ID number of contributing federal political committee.

C

Name of Employer

Goldsmith & Grout PA

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2012

Transaction ID : C1887825

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jerry Holloway

Mailing Address 17011 Beach Blvd., Ste 1130

City State Zip Code
 Huntington Beach CA 92647-7402

FEC ID number of contributing federal political committee.

C

Name of Employer

Anberry Rehabilitation Hospital

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2012

Transaction ID : C1889749

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Sean Hurley

Mailing Address 74 Kingery Drive

City State Zip Code
 El Paso TX 79902

FEC ID number of contributing federal political committee.

C

Name of Employer

Medline Industries

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : C1889951

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carole Jones

Mailing Address 5601 Seminary Road, Apt. 2505N

City State Zip Code
 Falls Church VA 22041

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Executive Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2012

Transaction ID : C1886962

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Richard Kase

Mailing Address 5124 Pine Rocklands Ave

City State Zip Code
 Litha FL 33547

FEC ID number of contributing federal political committee.

C

Name of Employer

Cypress Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.50

Date of Receipt

M M / D D / Y Y Y Y Y
 11 30 2012

Transaction ID : C1878118

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Sonya Kemp

Mailing Address 438 N. Water Ave

City State Zip Code
 Gallatin TN 37066

FEC ID number of contributing federal political committee.

C

Name of Employer

Gallatin Healthcare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2012

Transaction ID : C1887820

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1872.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cheryl Killian

Mailing Address 3801 Woodside Dr

City

Arlington

State

TX

Zip Code

76016-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Care Centers Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2012

Transaction ID : C1899593

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jennifer S Knorr Hahs

Mailing Address 900 N Randolph St
Apt 1927

City

Arlington

State

VA

Zip Code

22203-4082

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

898.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889827

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jennifer S Knorr Hahs

Mailing Address 900 N Randolph St
Apt 1927

City

Arlington

State

VA

Zip Code

22203-4082

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

898.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1890733

Amount of Each Receipt this Period

80.49

* Payroll Deduction: \$26.83 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Kylo

Mailing Address 4621 28th Road South

City State Zip Code
 Arlington VA 22206

FEC ID number of contributing federal political committee.

C

Name of Employer
 National Center for Assisted Living

Occupation
 Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : C1890734

Amount of Each Receipt this Period

288.48

* Payroll Deduction: \$96.16 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Bethany R Martino

Mailing Address 8559 Window Latch Way

City State Zip Code
 Columbia MD 21045

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 Director, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : C1890735

Amount of Each Receipt this Period

60.00

* Payroll Deduction: \$20.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Kate McCullough

Mailing Address 9217 Kingsbury Drive

City State Zip Code
 Silver Spring MD 20910

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 Vendor Relations Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : C1890736

Amount of Each Receipt this Period

34.11

* Payroll Deduction: \$11.37 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

382.59

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Meillier

Mailing Address 27 Brand Ave

City

Faribault

State

MN

Zip Code

55021-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pleasant Manor Inc

Occupation

Social Services Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 19 / 2012

Transaction ID : C1888004

Amount of Each Receipt this Period

82.50

Full Name (Last, First, Middle Initial)

B. Arlene Miles

Mailing Address 6061 S. Brook Valley Way

City

Centennial

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Health Care Association

Occupation

President/CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 10 / 2012

Transaction ID : C1885807

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gregory Miller

Mailing Address 11573 Stablewatch Court

City

Cincinnati

State

OH

Zip Code

45249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Management Group

Occupation

Vice President, Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2012

Transaction ID : C1883362

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1332.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rick Miller

Mailing Address 25115 SW Parkway

City

Wilsonville

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avamere Group

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : C1883760

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Meredith Myers

Mailing Address 2464 Hwy 67 N

City

Prescott

State

AR

Zip Code

71857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1890729

Amount of Each Receipt this Period

485.00

Full Name (Last, First, Middle Initial)

C. Natasha Nadkarni

Mailing Address 108 Faskin Lane

City

Lexington

State

SC

Zip Code

29072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laurel Baye

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2012

Transaction ID : C1879115

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5735.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
 Westlake Village CA 91362-3402

FEC ID number of contributing federal political committee.

C

Name of Employer

The Chase Group

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : C1886968

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Julie C Painter

Mailing Address 5023 Waple Ln

City State Zip Code
 Alexandria VA 22304-7727

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : C1890737

Amount of Each Receipt this Period

34.58

* Payroll Deduction: \$11.54 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Jason Palculict

Mailing Address 701 Fair Park Dr

City State Zip Code
 Henderson TX 75654-3207

FEC ID number of contributing federal political committee.

C

Name of Employer

Nexion Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : C1889812

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1784.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark V Parkinson

Mailing Address 8930 Harvest Square Ct

City State Zip Code
 Potomac MD 20854-4475

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : C1890738

Amount of Each Receipt this Period

600.00

* Payroll Deduction: \$200.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Christopher Parks

Mailing Address 1532 Falston Lane

City State Zip Code
 Crofton MD 21114

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 Director of IT and Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : C1890739

Amount of Each Receipt this Period

28.74

* Payroll Deduction: \$9.62 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City State Zip Code
 Scotts Hill TN 38374

FEC ID number of contributing federal political committee.

C

Name of Employer
 Tennessee Health Management

Occupation
 General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 13 2012

Transaction ID : C1886961

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1178.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mebane Pruitt

Mailing Address 4275 NE Lakehaven Drive

City State Zip Code
 Atlanta GA 30319

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4062.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 13 2012

Transaction ID : C1886888

Amount of Each Receipt this Period

937.50

Full Name (Last, First, Middle Initial)

B. Sharon C Purvis

Mailing Address 7805 Sycamore Drive

City State Zip Code
 Falls Church VA 22042

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Vendor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : C1890741

Amount of Each Receipt this Period

71.42

* Payroll Deduction: \$23.81 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Jolene Roberts

Mailing Address 1702 Hillcrest Drive

City State Zip Code
 Bellevue NE 68005-3652

FEC ID number of contributing federal political committee.

C

Name of Employer

Hillcrest Health Systems

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 19 2012

Transaction ID : C1888003

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2008.92

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Robertson

Mailing Address 4497 Spring Meadow Drive

City State Zip Code
 Bountiful UT 84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

24-7 Long Term Care

Occupation

Director Acquisition and Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : C1884509

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Angelo S. Rotella

Mailing Address 4 Pond View Ct

City State Zip Code
 Smithfield RI 02917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Friendly Home

Occupation

President/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 23 2012

Transaction ID : C1888124

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code
 Arlington VA 22204

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.53

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : C1890743

Amount of Each Receipt this Period

115.19

* Payroll Deduction: \$38.47 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerald Schroer Jr.

Mailing Address 1608 Muirfield NW

City State Zip Code
 Canton OH 44708

FEC ID number of contributing
federal political committee.

C

Name of Employer

TSG Ancillaries

Occupation

Healthcare Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C1884510

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jennifer S Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
 Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : C1890745

Amount of Each Receipt this Period

115.41

* Payroll Deduction: \$38.47 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Matthew D. Smyth

Mailing Address 2405 I St NW

City State Zip Code
 Washington DC 20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : C1890746

Amount of Each Receipt this Period

57.72

* Payroll Deduction: \$19.24 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1173.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Van Runkle

Mailing Address 55 Green Meadows Dr. S

City State Zip Code
Lewis Center OH 43035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Health Care Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : C1887826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jack Vetter

Mailing Address 20220 Harney Street

City State Zip Code
Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : C1889810

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Nile Whitney

Mailing Address 4700 Village Green Drive

City State Zip Code
El Dorado Hills CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : C1889811

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Klagen Leasing

Mailing Address 3715 SW 29th St

City

Topeka

State

KS

Zip Code

66614-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1890747

Amount of Each Receipt this Period

2500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Jim Klausman

Mailing Address 3715 SW 29th Street
Suite 200

City

Topeka

State

KS

Zip Code

66614-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Health Management

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1913539

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Klagen Leasing

Mailing Address 3715 SW 29th St

City

Topeka

State

KS

Zip Code

66614-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1890748

Amount of Each Receipt this Period

2500.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Klausman

Mailing Address 3715 SW 29th Street
Suite 200

City State Zip Code
Topeka KS 66614-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Health Management

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2012

Transaction ID : C1913538

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Klagen Properties

Mailing Address 3715 SW 29th St

City State Zip Code
Topeka KS 66614-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2012

Transaction ID : C1890749

Amount of Each Receipt this Period

2500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Floyd Eaton

Mailing Address 3715 SW 29th St
Ste 200

City State Zip Code
Topeka KS 66614-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Health Services Inc

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2012

Transaction ID : C1913541

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Klagen Properties

Mailing Address 3715 SW 29th St

City State Zip Code
 Topeka KS 66614-2107

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : C1890750

Amount of Each Receipt this Period

2500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Floyd EatonMailing Address 3715 SW 29th St
Ste 200

City State Zip Code
 Topeka KS 66614-2164

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Midwest Health Services Inc

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : C1913540

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

42167.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 31
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kindred Healthcare Inc. Political Action Committee

Mailing Address 680 S 4th St

City

Louisville

State

KY

Zip Code

40202-2407

FEC ID number of contributing
federal political committee.

C

C00242271

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1890728

Amount of Each Receipt this Period

5000.00

Unsolicited Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 31

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 10 2012

Transaction ID : D140045

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 11 2012

Transaction ID : D140046

Amount of Each Disbursement this Period

72.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 17 2012

Transaction ID : D140049

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

262.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/
Type

44.00

Category/
Type

Age Group	Percentage
18-24	31.5
25-34	28.5
35-44	25.5
45-54	22.5
55-64	19.5
65-74	16.5
75-84	13.5
85+	1.5

Category/
Type

80.00

Category	Number of people
Did not go to the cinema	156.00
Went to the cinema	144.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

A. BB&T Merchant Services

Mailing Address PO Box 200

City	State	Zip Code
Wilson	NC	27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D140054

Amount of Each Disbursement this Period



54.40

Full Name (Last, First, Middle Initial)

B. BB&T Merchant Services

Mailing Address PO Box 200

City	State	Zip Code
Wilson	NC	27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D140055

Amount of Each Disbursement this Period

86.95

C. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address 1099 New York Ave NW
Ste 100

City	State	Zip Code
Washington	DC	20001-4452

Purpose of Disbursement	Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D140057

Amount of Each Disbursement this Period

Percentage of students who did not pass the exam
88.25

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

229.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BEATTY FOR CONGRESS

Mailing Address PO Box 172

City	State	Zip Code
Columbus	OH	43216-0172

Purpose of Disbursement
Contribution

Candidate Name

JOYCE BEATTYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2012

Transaction ID : D139897

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of John Delaney

Mailing Address PO Box 60320

City	State	Zip Code
Potomac	MD	20859-0320

Purpose of Disbursement
Contribution - Debt Retirement

Candidate Name

John DelaneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2012

Transaction ID : D139896

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. JOHN TIERNEY FOR CONGRESS

Mailing Address 49 Federal Street

City	State	Zip Code
Salem	MA	01970

Purpose of Disbursement
Contribution - Debt Retirement

Candidate Name

Rep. John F. TierneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2012

Transaction ID : D139898

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
2129Purpose of Disbursement
Contribution - Debt Retirement

Candidate Name

Sen. Elizabeth Warren

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary
☒ General
☐ Other (specify) ▼

State: MA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : D139829

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. UDALL FOR COLORADO

Mailing Address PO BOX 40158

City
DENVERState
COZip Code
80204Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark Udall

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : D139830

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)Mailing Address 228 S Washington St
Ste 115City
AlexandriaState
VAZip Code
22314-5404Purpose of Disbursement
Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary
☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2012

Transaction ID : D139582

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

14000.00
